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Bib Data Sheet

CONFIRMATION NO. 6115

SERIAL NUMBER 10/762,777	FILING DATE 01/22/2004  RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO.
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None *DB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None *DB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NJ	5	13	3
Examiner's Signature: <i>Barbara Allowance</i> Initials				

ADDRESS

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TITLE

Double capacity hook and card system

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		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____